

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**ANNUAL REPORTING****FISCAL YEAR 2010****REPORT 20 - REPORT OF EACH JOINT VENTURE, PARTNERSHIP
AND CORPORATION RELATED TO THE HOSPITAL**

| (1) | (2) | (3) |
|-----------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| A. | AFFILIATE NAME | SAINT FRANCIS CARE, INC. |
| 1 | Affiliate Description | PARENT CORPORATION OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. OVERSEES AND COORDINATES THE STRATEGIC PLANNING, FINANCIAL PLANNING AND OTHER ACTIVITIES OF SAINT FRANCIS HOSPITAL AND SAINT FRANCIS' AFFILIATES. |
| 2 | Affiliate type of service | Parent Corporation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 114 Woodland Street |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Christopher M. Dadlez |
| 9 | CEO Title | President and CEO |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| B. | AFFILIATE NAME | ASYLUM HILL FAMILY MEDICINE CENTER, INC. |
| 1 | Affiliate Description | PROVIDES PROFESSIONAL AND MEDICAL SERVICES AND RELATED RESEARCH ACTIVITIES. |
| 2 | Affiliate type of service | Medical Practices |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 114 Woodland Street |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Rolf Knoll, MD |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| C. | AFFILIATE NAME | COLLABORATIVE LABORATORY SERVICES, LLC |
| 1 | Affiliate Description | TO PROVIDE LABORATORY SERVICES |
| 2 | Affiliate type of service | Lab |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 1000 Asylum Avenue |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Rolf Knoll, MD |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |

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| (1) | (2) | (3) |
|-----------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 15 | CT Agent Zip Code | 06105 - |
| D. | AFFILIATE NAME | MOUNT SINAI REHABILITATION HOSPITAL INC. |
| 1 | Affiliate Description | OPERATES THE MOUNT SINAI REHABILITATION HOSPITAL |
| 2 | Affiliate type of service | Rehabilitation Facility |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 490 Blue Hills Avenue |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06112 - |
| 8 | CEO Name | Christopher M. Dadlez |
| 9 | CEO Title | President and Chief Executive Officer |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| E. | AFFILIATE NAME | NEW ASYLUM MANAGEMENT CORPORATION |
| 1 | Affiliate Description | PARTICIPATES IN CERTAIN TAXABLE INVESTMENTS ON BEHALF OF CAMILLUS CORPORATION. |
| 2 | Affiliate type of service | For Profit Services (Specify) |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 1000 Asylum Avenue |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Christopher M. Dadlez |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street, Hartford |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| F. | AFFILIATE NAME | ONE THOUSAND CORPORATION |
| 1 | Affiliate Description | THE PURPOSE OF THE CORPORATION SHALL BE TO ACQUIRE, HOLD TITLE TO; MANAGE AND COLLECT INCOME FROM REAL PROPERTY AND TO TURN OVER THE ENTIRE AMOUNT OF SUCH INCOME, LESS EXPENSES TO THE CAMILLUS CORPORATION |
| 2 | Affiliate type of service | Real Estate |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 114 Woodland Street |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Christopher M. Dadlez |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |

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| (1) | (2) | (3) |
|--------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| G. AFFILIATE NAME | | |
| AFFILIATE NAME | | SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.) |
| 1 | Affiliate Description | TO RENDER PROFESSIONAL PSYCHOLOGICAL SERVICES TO PERSONS IN NEED OF SUCH SERVICES. Formerly known as PATH, the new name became effective 9/1/09 |
| 2 | Affiliate type of service | Mental Health Services |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 500 Blue Hills Avenue |
| 5 | Town | Portland |
| 6 | State | Connecticut |
| 7 | Zip Code | 06112 - |
| 8 | CEO Name | Surita Rao, M.D. |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| H. AFFILIATE NAME | | |
| AFFILIATE NAME | | SAINT FRANCIS CARE MEDICAL GROUP, P.C. |
| 1 | Affiliate Description | THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED IS TO PRACTICE, THROUGH INDIVIDUALS AUTHORIZED BY LAW, THE PROFESSION OF MEDICINE, AND IN FURTHERANCE OF THE FOREGOING, TO ENGAGE IN SUCH OTHER ACTIVITIES AS ARE PERMITTED BY LAW. |
| 2 | Affiliate type of service | Medical Practices |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 114 Woodland Street |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Rolf Knoll, M.D. |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| I. AFFILIATE NAME | | |
| AFFILIATE NAME | | SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PHYSICIAN HOSPITAL ORGANIZATION, INC.) |
| 1 | Affiliate Description | ARRANGING FOR THE HEALTH CARE SERVICES TO PERSONS RESIDING IN CONNECTICUT AND PROVIDE VARIOUS MANAGEMENT SERVICES TO DOCTORS AND DENTISTS. Formerly known as St. Francis /Mt. Sinai Physician Hospital Organization, Inc., the name change became eff. 1/27/09 |
| 2 | Affiliate type of service | Physicians Hospital Org. (PHO) |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 114 Woodland Street |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Jess Kupec |

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| (1) | (2) | (3) |
|-----------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 9 | CEO Title | President& CEO |
| 10 | CT Agent Name | Lisa Boyle |
| 11 | CT Agent Company | Robinson & Cole |
| 12 | CT Agent Company Street Address | 280 Trumbull Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06103 - |
| J. | AFFILIATE NAME | SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. |
| 1 | Affiliate Description | TO OPERATE EXCLUSIVELY FOR CHARITABLE, SCIENTIFIC & EDUCATIONAL PURPOSES |
| 2 | Affiliate type of service | Foundation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 95 Woodland Street |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Paul F. Pendergast |
| 9 | CEO Title | President |
| 10 | CT Agent Name | LISA BOYLE |
| 11 | CT Agent Company | ROBINSON AND COLE |
| 12 | CT Agent Company Street Address | 280 TRUMBULL STREET |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06103 - |
| K. | AFFILIATE NAME | SAINT FRANCIS INDEMNITY |
| 1 | Affiliate Description | Vermont limited liability company for the purpose of writing & reinsurance as a captive insurance company |
| 2 | Affiliate type of service | Insurance |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 76 Paul Street, Suite 500 |
| 5 | Town | Burlington |
| 6 | State | Vermont |
| 7 | Zip Code | 05401 - |
| 8 | CEO Name | Donald Straceski |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital & Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| L. | AFFILIATE NAME | SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) |
| 1 | Affiliate Description | TO ENGAGE IN THE TEACHING AND EDUCAT OF MEDICAL STUDENTS, RESIDENTS AND FELLOWS. TO PERFORM MEDICAL AND RELATED RESEARCH ACTIVITIES. TO RENDER PROFESSIONAL MED. SVCS. Formerly known as Woodland Phys Assoc, the name change became eff. 2/20/09 |
| 2 | Affiliate type of service | Physicians Services |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 114 Woodland Street |
| 5 | Town | Hartford |
| 6 | State | Connecticut |

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| (1) | (2) | (3) |
|-----------|---------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Rolf Knoll, MD |
| 9 | CEO Title | President |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| M. | AFFILIATE NAME | SAINT FRANCIS PHO FOUNDATION, INC. |
| 1 | Affiliate Description | THE PURPOSES OF THE CORPORATION ARE TO ASSESS AND IMPROVE THE QUALITY AND SAFETY OF HEALTH CARE DELIVERED TO PATIENTS, AND TO IMPLEMENT CHANGE TO IMPROVE THE EFFICIENCY AND COST EFFECTIVENESS OF THE HEALTH CARE DELIVERY SYSTEM |
| 2 | Affiliate type of service | Foundation |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 114 WOODLAND STREET |
| 5 | Town | HARTFORD |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | JESS KUPEC |
| 9 | CEO Title | PRESIDENT |
| 10 | CT Agent Name | LISA BOYLE |
| 11 | CT Agent Company | ROBINSON AND COLE |
| 12 | CT Agent Company Street Address | 280 TRUMBULL STREET |
| 13 | CT Agent Town | HARTFORD |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 16103 - |
| N. | AFFILIATE NAME | THE CAMILLUS CORPORATION |
| 1 | Affiliate Description | NON-STOCK CORPORATION FORMED BY ARCHDIOCESE OF HARTFORD. OWNS SEVERAL CORPORATIONS WHICH PROVIDE SERVICES TO THE HOSPITAL AND TO OTHERS. |
| 2 | Affiliate type of service | Other HealthCare Svcs(Specify) |
| 3 | Tax Status | Not for Profit |
| 4 | Street Address | 1000 Asylum Avenue |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | Christopher M. Dadlez |
| 9 | CEO Title | President and Executive Vice President |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| O. | AFFILIATE NAME | TOTAL LAUNDRY COLLABORATIVE, LLC |
| 1 | Affiliate Description | The purpose of the company shall be to provide laundry services |
| 2 | Affiliate type of service | Other HealthCare Svcs(Specify) |
| 3 | Tax Status | For Profit |
| 4 | Street Address | 114 Woodland Street |

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AND CORPORATION RELATED TO THE HOSPITAL**

| (1) | (2) | (3) |
|--------------------------------------|---------------------------------|-------------------------------------------|
| LINE | DESCRIPTION | AFFILIATE INFORMATION |
| 5 | Town | Hartford |
| 6 | State | Connecticut |
| 7 | Zip Code | 06105 - |
| 8 | CEO Name | David Crowell |
| 9 | CEO Title | Chief Operating Officer |
| 10 | CT Agent Name | Theresa Bolton, Esq. |
| 11 | CT Agent Company | Saint Francis Hospital and Medical Center |
| 12 | CT Agent Company Street Address | 114 Woodland Street |
| 13 | CT Agent Town | Hartford |
| 14 | CT Agent State | Connecticut |
| 15 | CT Agent Zip Code | 06105 - |
| * P.O. BOX IS UNACCEPTABLE WITHOUT A | | STREET ADDRESS FOR EACH AGENT COMPANY |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | |
|-------------------------------------------------------------------|----------------|------------------------------------|----------------------------|
| ANNUAL REPORTING | | | |
| FISCAL YEAR 2010 | | | |
| REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS | | | |
| (1) | (2) | (3) | (4) |
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2010 |
| A. SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | |
| 1 | | Unrestricted | \$84,991,510 |
| 2 | | Temporarily Restricted by Donor | \$36,394,960 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$48,880,946 |
| 5 | | Intercompany Eliminations | (\$3,382,233) |
| | | Total: | \$166,885,183 |
| B. SAINT FRANCIS CARE, INC. | | | |
| 1 | | Unrestricted | \$15,847,219 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | (\$20,242,824) |
| | | Total: | (\$4,395,605) |
| C. ASYLUM HILL FAMILY MEDICINE CENTER, INC. | | | |
| 1 | | Unrestricted | \$110,501 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$110,501 |
| D. COLLABORATIVE LABORATORY SERVICES, LLC | | | |
| 1 | | Unrestricted | \$4,069,524 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$4,069,524 |
| E. MOUNT SINAI REHABILITATION HOSPITAL INC. | | | |
| 1 | | Unrestricted | \$15,809,467 |
| 2 | | Temporarily Restricted by Donor | \$1,065,798 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$16,875,265 |
| F. NEW ASYLUM MANAGEMENT CORPORATION | | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| G. ONE THOUSAND CORPORATION | | | |
| 1 | | Unrestricted | \$10,536,404 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$10,536,404 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | |
|-------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------|----------------------------|
| ANNUAL REPORTING | | | |
| FISCAL YEAR 2010 | | | |
| REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS | | | |
| (1) | (2) | (3) | (4) |
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2010 |
| H. SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.) | | | |
| 1 | | Unrestricted | (\$1,405,709) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$1,405,709) |
| I. SAINT FRANCIS CARE MEDICAL GROUP, P.C. | | | |
| 1 | | Unrestricted | (\$472,896) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$472,896) |
| J. SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PHYSICIAN HOSPITAL ORGANIZATION, INC.) | | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| K. SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. | | | |
| 1 | | Unrestricted | \$17,692,463 |
| 2 | | Temporarily Restricted by Donor | \$4,182,153 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$213,452 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$22,088,068 |
| L. SAINT FRANCIS INDEMNITY | | | |
| 1 | | Unrestricted | \$12,434,826 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$12,434,826 |
| M. SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) | | | |
| 1 | | Unrestricted | (\$751,294) |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | (\$751,294) |
| N. SAINT FRANCIS PHO FOUNDATION, INC. | | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | |
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| ANNUAL REPORTING | | | |
| FISCAL YEAR 2010 | | | |
| REPORT 5 - HOSPITAL, AFFILIATE AND RELATED CORPORATION NET ASSETS | | | |
| (1) | (2) | (3) | (4) |
| LINE | AFFILIATE NAME | FUND DESCRIPTION / FUND PURPOSE | BALANCE AS OF 9/30/2010 |
| O. THE CAMILLUS CORPORATION | | | |
| 1 | | Unrestricted | \$0 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$0 |
| P. TOTAL LAUNDRY COLLABORATIVE, LLC | | | |
| 1 | | Unrestricted | \$2,714,858 |
| 2 | | Temporarily Restricted by Donor | \$0 |
| 3 | | Temporarily Restricted by Board | \$0 |
| 4 | | Permanently Restricted by Donor | \$0 |
| 5 | | Intercompany Eliminations | \$0 |
| | | Total: | \$2,714,858 |
| | Total of all Affiliates (before Intercompany Eliminations) | Fund Balance: | \$252,314,182 |
| | Intercompany Eliminations | | (\$23,625,057) |
| | Total of all Affiliates | Fund Balance: | \$228,689,125 |
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| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | |
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| ANNUAL REPORTING | | | | |
| FISCAL YEAR 2010 | | | | |
| REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS | | | | |
| (1) | (2) | (3) | (4) | (5) |
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| A. SAINT FRANCIS CARE, INC. | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$0 |
| B. ASYLUM HILL FAMILY MEDICINE CENTER, INC. | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$80,096 |
| 1 | | Purchase of Services | 09/30/2010 | \$186,046 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$266,142 |
| C. COLLABORATIVE LABORATORY SERVICES, LLC | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | (\$379,378) |
| 1 | | Supplies Sold | 09/30/2010 | (\$14,994,382) |
| 2 | | Purchase of Services | 09/30/2010 | \$1,310,657 |
| 3 | | Supplies Purchased | 09/30/2010 | \$17,331,370 |
| 4 | | Salary & Benefits charged to Affiliate by Hospital | 09/30/2010 | \$29,047 |
| 5 | | Salaries & Benefits charged to Hospital | 09/30/2010 | (\$10,651,019) |
| 6 | | Payments | 09/30/2010 | \$4,314,746 |
| 7 | | Transfer of Funds | 09/30/2010 | (\$474,547) |
| 8 | | Health Insurance Premiums charged to Affiliate | 09/30/2010 | \$2,972,746 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | (\$540,760) |
| D. MOUNT SINAI REHABILITATION HOSPITAL INC. | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | (\$4,090,412) |
| 1 | | Purchase of Services | 09/30/2010 | \$4,971,594 |
| 2 | | Salaries & Benefits charged to Hospital | 09/30/2010 | (\$4,149,092) |
| 3 | | Salaries & Benefits charged to Affiliate by Hospital | 09/30/2010 | \$936,056 |
| 4 | | Transfer of Funds | 09/30/2010 | (\$2,115,882) |
| 5 | | Payments | 09/30/2010 | \$2,000,000 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | (\$2,447,736) |
| E. NEW ASYLUM MANAGEMENT CORPORATION | | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$3,333 |
| 1 | | Payments | 09/30/2010 | (\$3,333) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$0 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | |
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| ANNUAL REPORTING | | | | |
| FISCAL YEAR 2010 | | | | |
| REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS | | | | |
| (1) | (2) | (3) | (4) | (5) |
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| F. | ONE THOUSAND CORPORATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | (\$3,642,901) |
| 1 | | Salaries charged to Affiliate | 09/30/2010 | \$132,056 |
| 2 | | Purchase of Services | 09/30/2010 | \$5,423 |
| 3 | | Payments | 09/30/2010 | (\$138,263) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | (\$3,643,685) |
| G. | SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.) | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$988,066 |
| 1 | | Payments | 09/30/2010 | (\$425,000) |
| 2 | | Purchase of Services | 09/30/2010 | (\$1,547,010) |
| 3 | | Transfer of Funds | 09/30/2010 | \$1,530,000 |
| 4 | | Salaries & Benefits charged to Affiliate by Hospital | 09/30/2010 | \$713,029 |
| 5 | | Purchase of Services | 09/30/2010 | \$206,620 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$1,465,705 |
| H. | SAINT FRANCIS CARE MEDICAL GROUP, P.C. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$219,716 |
| 1 | | Purchase of Services | 09/30/2010 | \$132,006 |
| 2 | | Payments | 09/30/2010 | (\$46,941) |
| 3 | | Transfer of Funds | 09/30/2010 | \$510,000 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$814,781 |
| I. | SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PHYSICIAN HOSPITAL ORGANIZATION, INC.) | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$42,071 |
| 1 | | Purchase of Services | 09/30/2010 | \$244,373 |
| 2 | | Salaries & Benefits charged to Affiliate by Hospital | 09/30/2010 | \$382,530 |
| 3 | | Revenue from Services | 09/30/2010 | (\$1,325,718) |
| 4 | | Payments | 09/30/2010 | \$854,877 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$198,133 |
| J. | SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$0 |
| 1 | | Donations to Hospital | 09/30/2010 | \$504,912 |
| 2 | | Salaries & Benefits charged to Affiliate by Hospital | 09/30/2010 | \$1,087,472 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------|-----------------------------|
| ANNUAL REPORTING | | | | |
| FISCAL YEAR 2010 | | | | |
| REPORT 6 - TRANSACTIONS BETWEEN THE HOSPITAL AND AFFILIATES OR RELATED CORPORATIONS | | | | |
| (1) | (2) | (3) | (4) | (5) |
| LINE | AFFILIATE NAME | DESCRIPTION OF TRANSFER | DATE | TRANSFER TO / FROM HOSPITAL |
| 3 | | Transfer of Funds | 09/30/2010 | (\$1,592,384) |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$0 |
| K. | SAINT FRANCIS INDEMNITY | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$0 |
| L. | SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | (\$2,341,325) |
| 1 | | Income from Services | 09/30/2010 | (\$2,799,383) |
| 2 | | Transfer of Funds | 09/30/2010 | \$20,125,000 |
| 3 | | Payments for Physician & PA services | 09/30/2010 | (\$21,945,117) |
| 4 | | Purchased Services | 09/30/2010 | \$6,640,499 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | (\$320,326) |
| M. | SAINT FRANCIS PHO FOUNDATION, INC. | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$0 |
| N. | THE CAMILLUS CORPORATION | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$0 |
| | | Nothing to Report | | \$0 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$0 |
| O. | TOTAL LAUNDRY COLLABORATIVE, LLC | | | |
| | | Beginning Unconsolidated Intercompany Balance: | 9/30/2009 | \$1,329,885 |
| 1 | | Transfer of Funds | 09/30/2010 | (\$1,000,000) |
| 2 | | Salaries & Benefits charged to Affiliate by Hospital | 09/30/2010 | \$2,107,908 |
| 3 | | Laundry charged out | 09/30/2010 | (\$2,358,614) |
| 4 | | Purchase of Services | 09/30/2010 | \$1,129,893 |
| | | Ending Unconsolidated Intercompany Balance: | 9/30/2010 | \$1,209,072 |
| | | | Grand Total: | (\$2,998,674) |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | | |
|------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------|-------------------|---------------------|
| ANNUAL REPORTING | | | | | |
| FISCAL YEAR 2010 | | | | | |
| REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| | | | Beginning Unconsolidated Intercompany Balance | 10/01/2009 | \$26,362,303 |
| A. | SAINT FRANCIS CARE, INC. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| B. | ASYLUM HILL FAMILY MEDICINE CENTER, INC. | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| C. | COLLABORATIVE LABORATORY SERVICES, LLC | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| D. | MOUNT SINAI REHABILITATION HOSPITAL INC. | | | | |
| 1 | | SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) | various payments | 09/30/2010 | (\$127,052) |
| 2 | | SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) | Physician Services | 09/30/2010 | \$221,000 |
| 3 | | SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) | Physician Assistants | 09/30/2010 | \$190,056 |
| | | | Total: | 9/30/2010 | \$284,004 |
| E. | NEW ASYLUM MANAGEMENT CORPORATION | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| F. | ONE THOUSAND CORPORATION | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| G. | SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.) | | | | |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | | |
|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------|------------------|------------------|
| ANNUAL REPORTING | | | | | |
| FISCAL YEAR 2010 | | | | | |
| REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| 1 | | MOUNT SINAI REHABILITATION HOSPITAL INC. | salaries and benefits | 09/30/2010 | \$71,454 |
| | | | Total: | 9/30/2010 | \$71,454 |
| H. | SAINT FRANCIS CARE MEDICAL GROUP, P.C. | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| I. | SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PHYSICIAN HOSPITAL ORGANIZATION, INC.) | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| J. | SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| K. | SAINT FRANCIS INDEMNITY | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| L. | SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) | | | | |
| 1 | | MOUNT SINAI REHABILITATION HOSPITAL INC. | Rent | 09/30/2010 | (\$16,632) |
| 2 | | MOUNT SINAI REHABILITATION HOSPITAL INC. | salaries and benefits | 09/30/2010 | \$158,240 |
| | | | Total: | 9/30/2010 | \$141,608 |
| M. | SAINT FRANCIS PHO FOUNDATION, INC. | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| N. | THE CAMILLUS CORPORATION | | | | |
| | | | Nothing to Report | | \$0 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | | |
|------------------------------------------------------------------------------|----------------------------------|---------------------------|-----------------------------------------------|-----------|--------------|
| ANNUAL REPORTING | | | | | |
| FISCAL YEAR 2010 | | | | | |
| REPORT 6A - TRANSACTIONS BETWEEN HOSPITAL AFFILIATES OR RELATED CORPORATIONS | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| LINE | AFFILIATE TRANSFERRING FUNDS | AFFILIATE RECEIVING FUNDS | DESCRIPTION OF TRANSFER | DATE | AMOUNT |
| | | | Total: | 9/30/2010 | \$0 |
| O. | TOTAL LAUNDRY COLLABORATIVE, LLC | | | | |
| | | | Nothing to Report | | \$0 |
| | | | Total: | 9/30/2010 | \$0 |
| | | | Ending Unconsolidated Intercompany Balance | 9/30/2010 | \$26,859,369 |
| | | | | | |
| | | | | | |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------|------------------|
| ANNUAL REPORTING | | | |
| FISCAL YEAR 2010 | | | |
| REPORT 7- EXPENDITURES BY AFFILIATES / RELATED CORPORATIONS FOR THE BENEFIT OF THE HOSPITAL | | | |
| (1) | (2) | (3) | (4) |
| LINE | AFFILIATE NAME & DESCRIPTION OF EXPENDITURE | AMOUNT | DATE |
| A. SAINT FRANCIS CARE, INC. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| B. ASYLUM HILL FAMILY MEDICINE CENTER, INC. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| C. COLLABORATIVE LABORATORY SERVICES, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| D. MOUNT SINAI REHABILITATION HOSPITAL INC. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| E. NEW ASYLUM MANAGEMENT CORPORATION | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| F. ONE THOUSAND CORPORATION | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| G. SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.) | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| H. SAINT FRANCIS CARE MEDICAL GROUP, P.C. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| I. SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PHYSICIAN HOSPITAL ORGANIZATION, INC.) | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| J. SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| K. SAINT FRANCIS INDEMNITY | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| L. SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| M. SAINT FRANCIS PHO FOUNDATION, INC. | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| N. THE CAMILLUS CORPORATION | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| O. TOTAL LAUNDRY COLLABORATIVE, LLC | | | |
| 0 | Nothing to Report | \$0 | |
| | Total: | \$0 | 9/30/2010 |
| | Grand Total: | \$0 | 9/30/2010 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------|---------------|
| ANNUAL REPORTING | | | |
| FISCAL YEAR 2010 | | | |
| REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS | | | |
| (1) | (2) | (3) | (4) |
| LINE | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT | TERM IN YEARS |
| A. | SAINT FRANCIS CARE, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| B. | ASYLUM HILL FAMILY MEDICINE CENTER, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| C. | COLLABORATIVE LABORATORY SERVICES, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| D. | MOUNT SINAI REHABILITATION HOSPITAL INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| E. | NEW ASYLUM MANAGEMENT CORPORATION | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| F. | ONE THOUSAND CORPORATION | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| G. | SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.) | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| H. | SAINT FRANCIS CARE MEDICAL GROUP, P.C. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| I. | SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PHYSICIAN HOSPITAL ORGANIZATION, INC.) | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| J. | SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------|---------------|
| ANNUAL REPORTING | | | |
| FISCAL YEAR 2010 | | | |
| REPORT 8 - HOSPITAL COMMITMENTS / ENDORSEMENTS FOR THE BENEFIT OF AFFILIATES / RELATED CORPORATIONS | | | |
| (1) | (2) | (3) | (4) |
| LINE | AFFILIATE NAME & DESCRIPTION OF THE COMMITMENT AND/OR ENDORSEMENT | AMOUNT | TERM IN YEARS |
| K. | SAINT FRANCIS INDEMNITY | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| L. | SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| M. | SAINT FRANCIS PHO FOUNDATION, INC. | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| N. | THE CAMILLUS CORPORATION | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| O. | TOTAL LAUNDRY COLLABORATIVE, LLC | | |
| 0 | Nothing to Report | \$0 | 0 |
| | Total: | \$0 | |
| | Grand Total: | \$0 | |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | | |
|------------------------------------------------|-----------------------------|---------------------|---------------------|----------------------|--------------|
| ANNUAL REPORTING | | | | | |
| FISCAL YEAR 2010 | | | | | |
| REPORT 16 - DONATIONS AND FUNDS RESTRICTED FOR | | | | | |
| INDIGENT CARE AND FREE BEDS | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| LINE | DESCRIPTION | FY 2009 ACTUAL | FY 2010 ACTUAL | AMOUNT DIFFERENCE | % DIFFERENCE |
| A. Indigent Care | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| B. Free Beds | | | | | |
| | Beginning Balance | \$867,798.00 | \$929,200.00 | \$61,402.00 | 7% |
| 1 | Donations | \$1,053.00 | \$0.00 | (\$1,053.00) | -100% |
| 2 | Income | \$3,511.00 | \$17,195.00 | \$13,684.00 | 390% |
| 3 | Expenditures | \$2,318.00 | \$21,534.00 | \$19,216.00 | 829% |
| 4 | Unrealized Gains and Losses | \$59,156.00 | \$8,144.00 | (\$51,012.00) | -86% |
| | Ending Balance | \$929,200.00 | \$933,005.00 | \$3,805.00 | 0% |
| 5 | Projected Interest Income | \$18,584.00 | \$27,990.00 | \$9,406.00 | 51% |
| C. Other | | | | | |
| | Beginning Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 1 | Donations | \$0.00 | \$0.00 | \$0.00 | 0% |
| 2 | Income | \$0.00 | \$0.00 | \$0.00 | 0% |
| 3 | Expenditures | \$0.00 | \$0.00 | \$0.00 | 0% |
| 4 | Unrealized Gains and Losses | \$0.00 | \$0.00 | \$0.00 | 0% |
| | Ending Balance | \$0.00 | \$0.00 | \$0.00 | 0% |
| 5 | Projected Interest Income | \$0.00 | \$0.00 | \$0.00 | 0% |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | |
|-----------------------------------------------------------------------------------|---------------------------------------|-------------|
| ANNUAL REPORTING | | |
| FISCAL YEAR 2010 | | |
| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | |
| A. Patient Activity | | |
| (1) | (2) | (3) |
| Patient | Name of Hospital Bed Fund (FULL NAME) | Amount |
| 1. Number of Applications for Hospital Bed Funds | | 19 |
| 2. A. Number of Patients receiving Hospital Bed Fund Grants | | 19 |
| 2. B. The Actual Total Dollar Amount provided to all patients from Hospital Bed F | | \$21,534.00 |
| 1 | Terry Steam Fund | \$1,328.00 |
| 2 | Free Bed Fund | \$240.00 |
| 3 | Free Bed Fund | \$119.00 |
| 4 | Free Bed Fund | \$9.00 |
| 5 | Free Bed Fund | \$1,418.00 |
| 6 | Free Bed Fund | \$1,126.00 |
| 7 | Free Bed Fund | (\$82.00) |
| 8 | free bed fund | \$1,813.00 |
| 9 | Free Bed Fund | \$1,104.00 |
| 10 | Free Bed fund | \$1,097.00 |
| 11 | Free Bed Fund | (\$6.00) |
| 12 | Free Bed fund | \$13.00 |
| 13 | Free Bed Fund | (\$3.00) |
| 14 | Free Bed Fund | \$36.00 |
| 15 | Free Bed Fund | (\$2.00) |
| 16 | Free Bed Fund | \$6,852.00 |
| 17 | Free Bed Fund | \$901.00 |
| 18 | Free Bed Fund | \$5,406.00 |
| 19 | Free Bed Fund | \$165.00 |
| Grand Total | | \$21,534.00 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | | |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------------|--------------------|
| ANNUAL REPORTING | | | | | |
| FISCAL YEAR 2010 | | | | | |
| REPORT 17 - HOSPITAL BED FUNDS HELD OR ADMINISTERED BY THE HOSPITAL | | | | | |
| B. BED FUND ACTIVITY | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| Line | Name of Hospital Bed Fund | FMV of Principal | Actual Earnings | Earnings Reinvested | Earnings Available |
| (3) | Fair Market Value of the Principal of each individual Hospital Bed Fund, or the Principal attributable to each | | | | |
| (4) | Total Actual Earnings for each Hospital Bed Fund or the Earnings attributable to each Hospital Bed Fund. | | | | |
| (5) | Actual Dollar Amount of Earnings reinvested as Principal, if any. | | | | |
| (6) | Actual Dollar Amount of Earnings available for Patient Care. | | | | |
| | Israel Dubrow | \$214.00 | \$13.00 | \$0.00 | \$13.00 |
| | Suisman | \$12,000.00 | \$149.00 | \$0.00 | \$149.00 |
| | Mary Carroll Garvan | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Patrick Garvan | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Mother Angeline Garvan | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Mary Hooker | \$10,000.00 | \$124.00 | \$0.00 | \$124.00 |
| | Anne B. Fischer | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Charles Dillon | \$10,000.00 | \$124.00 | \$0.00 | \$124.00 |
| | John and Ellen Lorden | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Dr. Phillip Kennedy | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Reverend Tierney | \$10,000.00 | \$124.00 | \$0.00 | \$124.00 |
| | Moses Fox | \$20,000.00 | \$248.00 | \$0.00 | \$248.00 |
| | Juliette McLean | \$60,000.00 | \$744.00 | \$0.00 | \$744.00 |
| | Charles J. Reardon | \$6,000.00 | \$74.00 | \$0.00 | \$74.00 |
| | F.W. Swindell | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Katherine Nugent | \$1,000.00 | \$13.00 | \$0.00 | \$13.00 |
| | Ladies of Charity | \$20,000.00 | \$248.00 | \$0.00 | \$248.00 |
| | Monsignor Routhier | \$33,897.00 | \$420.00 | \$0.00 | \$420.00 |
| | Marcellus B. Wilcox | \$10,000.00 | \$124.00 | \$0.00 | \$124.00 |
| | Alice F. Noonan | \$352.00 | \$13.00 | \$0.00 | \$13.00 |
| | Rene Landry | \$1,365.00 | \$17.00 | \$0.00 | \$17.00 |
| | Terry Steam | \$34,170.00 | \$4,280.00 | \$0.00 | \$4,280.00 |
| | Mary Brady | \$1,000.00 | \$186.00 | \$0.00 | \$186.00 |
| | Solomon and Katie Wohl | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Edward Dillon | \$40,000.00 | \$496.00 | \$0.00 | \$496.00 |
| | Mark Hanlon | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Samuel and Tillie Cheiffetz | \$9,758.00 | \$385.00 | \$0.00 | \$385.00 |
| | Dr. and Mrs. John O'Flaherty | \$10,000.00 | \$124.00 | \$0.00 | \$124.00 |
| | St. Francis Hospital Womens Auxiliary | \$14,200.00 | \$176.00 | \$0.00 | \$176.00 |
| | Ellen O'Brien Lyons | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | Anna C. Goodrich | \$5,000.00 | \$62.00 | \$0.00 | \$62.00 |
| | General Free Bed Fund | \$190,696.00 | \$8,432.00 | \$0.00 | \$8,432.00 |
| | Total Bed Funds : | \$549,652.00 | \$17,196.00 | \$0.00 | \$17,196.00 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ANNUAL REPORTING | | |
| FISCAL YEAR 2010 | | |
| REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION | | |
| (1) | (2) | (3) |
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| I. GENERAL COLLECTION PROCESSES AND PROCEDURES | | |
| A. | Hospital's processes and policies for assigning a debt to a Collection Agent | An automatic write off to a collection agency is based on the number of statements sent to the patient, age and value of account, or if deemed uncollectible. See our automatic write off policy |
| B. | Hospital's processes and policies for compensating a Collection Agent for services rendered | Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid an hourly rate for specific accounts requiring legal intervention |
| C. | Total Recovery Rate on accounts assigned (excluding Medicare accounts) to Collection Agents | 7.30% |
| II. SPECIFIC COLLECTION AGENT INFORMATION | | |
| Collection Agent | | |
| 1 | Collection Agent Name | American Adjustment Bureau |
| 2 | Collection Agent Type | Collection Agency |
| 3 | Related / Not Related Entity | Not Related |
| 4 | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Contract includes pre-collection billing and management of self pay balances to initiate account resolution without being placed for collection. Unresolved accounts written off automatically fro direct collection based on number of statements & age. |
| 5 | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid an hourly rate for specific accounts requiring legal intervention |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ANNUAL REPORTING | | |
| FISCAL YEAR 2010 | | |
| REPORT 18 - HOSPITAL COLLECTION PLACEMENT POLICIES AND COLLECTION AGENT INFORMATION | | |
| (1) | (2) | (3) |
| LINE | DESCRIPTION | COLLECTION INFORMATION |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 6.30% |
| | Collection Agent | |
| 1 | Collection Agent Name | Nair and Levin |
| 2 | Collection Agent Type | Attorney |
| 3 | Related / Not Related Entity | Not Related |
| 4 | If the Hospital follows the same processes and policies described in Section I, for assigning debt with this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Contract includes pre-collection billing and management of self pay balances to initiate account resolution without being placed for collection. Unresolved accounts are written off automatically for direct collection based upon number of statements and age. |
| 5 | If the Hospital follows the same processes and policies described in Section I, for compensating this Collection Agent? indicate "Same as General Processes and Policies" Otherwise Provide Details. | Collection agencies are compensated based on percentage of dollars collected. In addition, collection attorneys are paid an hourly rate for specific accounts requiring legal intervention |
| 6 | Recovery Rate on Accounts Assigned (excluding Medicare accounts) to Collection Agent. | 7.80% |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------|--------------------|------------------|--------------------|
| ANNUAL REPORTING | | | | |
| FISCAL YEAR 2010 | | | | |
| REPORT 19 - SALARIES AND FRINGE BENEFITS OF THE TEN HIGHEST PAID HOSPITAL POSITIONS | | | | |
| LINE | POSITION TITLE | SALARY | FRINGE BENEFITS | TOTAL |
| 1. | President | \$1,421,505 | \$113,135 | \$1,534,640 |
| 2. | Senior Vice President and CFO | \$700,703 | \$119,348 | \$820,051 |
| 3. | Executive Vice President and COO | \$574,800 | \$55,160 | \$629,960 |
| 4. | Senior Vice President, Chief Academic Officer | \$452,250 | \$46,601 | \$498,851 |
| 5. | Section Chief - Pathology | \$443,905 | \$45,261 | \$489,166 |
| 6. | Department Chairman - Pathology | \$423,558 | \$44,246 | \$467,804 |
| 7. | President - Saint Francis Foundation | \$421,099 | \$54,719 | \$475,818 |
| 8. | Program Director - Pathology | \$400,493 | \$42,429 | \$442,922 |
| 9. | Senior Vice President - Planning | \$396,873 | \$47,591 | \$444,464 |
| 10. | Department Chairman - Emergency | \$370,250 | \$40,352 | \$410,602 |
| Grand Total: | | \$5,605,436 | \$608,842 | \$6,214,278 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|--------------|
| ANNUAL REPORTING | | | | |
| FISCAL YEAR 2010 | | | | |
| REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS | | | | |
| PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS | | | | |
| (1) | (2) | (3) | (4) | (5) |
| LINE | DESCRIPTION | SALARIES (Directly or Indirectly) ^C | FRINGE BENEFITS ^A (Directly or Indirectly) ^C | TOTAL |
| A . SAINT FRANCIS CARE, INC. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| B . ASYLUM HILL FAMILY MEDICINE CENTER, INC. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| C . COLLABORATIVE LABORATORY SERVICES, LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$22,870 | \$6,177 | \$29,047 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$8,367,622 | \$2,283,397 | \$10,651,019 |
| D . MOUNT SINAI REHABILITATION HOSPITAL INC. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$772,279 | \$163,777 | \$936,056 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$3,266,896 | \$882,196 | \$4,149,092 |
| E . NEW ASYLUM MANAGEMENT CORPORATION | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| F . ONE THOUSAND CORPORATION | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| G . SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.(FORMERLY PATH, P.C.) | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$629,661 | \$83,368 | \$713,029 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| H . SAINT FRANCIS CARE MEDICAL GROUP, P.C. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| I . SAINT FRANCIS HEALTHCARE PARTNERS (FORMERLY ST FRAN/MT SINAI PHYSICIAN HOSPITAL ORGANIZATION, INC.) | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$305,059 | \$77,471 | \$382,530 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| J . SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$1,087,472 | \$0 | \$1,087,472 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| K . SAINT FRANCIS INDEMNITY | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| L . SAINT FRANCIS MEDICAL GROUP, INC. (FORMERLY WOODLAND PHYSICIANS ASSOCIATES) | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$1,166,362 | \$310,157 | \$1,476,519 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$19,110,962 | \$2,834,155 | \$21,945,117 |
| M . SAINT FRANCIS PHO FOUNDATION, INC. | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| N . THE CAMILLUS CORPORATION | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$0 | \$0 | \$0 |
| O . TOTAL LAUNDRY COLLABORATIVE, LLC | | | | |
| 1 | Paid by the Entity Listed Above to Hospital Employees(B) | \$0 | \$0 | \$0 |
| 2 | Paid by the Hospital to Employees of the Entity Listed Above | \$1,592,151 | \$429,881 | \$2,022,032 |
| <i>For each entity listed on Report 20, complete Report 21.</i> | | | | |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------|--------------------------------------------------------------------|-------|
| ANNUAL REPORTING | | | | |
| FISCAL YEAR 2010 | | | | |
| REPORT 21- HOSPITAL SALARIES AND FRINGE BENEFITS | | | | |
| PAID BY JOINT VENTURES, AFFILIATES AND RELATED CORPORATIONS | | | | |
| (1) | (2) | (3) | (4) | (5) |
| LINE | DESCRIPTION | SALARIES (Directly or Indirectly) ^C | FRINGE BENEFITS ^A (Directly or Indirectly) ^C | TOTAL |
| <i>A - Fringe benefits shall represent the value of all forms of compensation as described in Section 19a-643-206-(b)(21), including the fair market value where appropriate.</i> | | | | |
| <i>B - A hospital employee is anyone who provides a service which incurs an expense for the hospital.</i> | | | | |
| <i>C - Indirect payments include but are not limited to payments made to related entities.</i> | | | | |
| | | | | |
| | | | | |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ANNUAL REPORTING FISCAL YEAR 2010 REPORT 22 - TRANSFER OF ASSETS OR OPERATIONS OR CHANGE OF CONTROL FROM THE HOSPITAL TO A PROFIT ENTITY | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| (1) | (2) | (3) |
| LINE | DESCRIPTION | ACTUAL FY 2010 |
| A | Transfer of Assets or Operations | |
| 1. | Name of the Person or Entity Organized or Operated For Profit involved in each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A |
| 2. | Description of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | N/A |
| 3. | Description of each Hospital Clinical or Nonclinical Service or Function transferred or involved in a change of control. | N/A |
| 4. | Date that each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions occurred. | N/A |
| 5. | Amount of each Transfer of Assets or Operations or Change of Control involving Hospital Clinical or Nonclinical Services or Functions. | \$0 |

| SAINT FRANCIS HOSPITAL AND MEDICAL CENTER | | | | | |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------|---------------------|--------------------|-------------|
| ANNUAL REPORTING | | | | | |
| FISCAL YEAR 2010 | | | | | |
| REPORT 23 - CHARITY CARE AND REDUCED COST SERVICES PROVIDED BY THE HOSPITAL | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| | | FY 2009 | FY 2010 | AMOUNT | % |
| LINE | DESCRIPTION | AMOUNT | AMOUNT | DIFFERENCE | DIFFERENCE |
| A. Hospital Charity Care (see Hospital Audited Financial Statement Notes) | | | | | |
| 1. | Number of Applicants | 13,602 | 12,809 | (793) | -6% |
| 2. | Number of Approved Applicants | 12,950 | 11,758 | (1,192) | -9% |
| 3. | Total Charges (A) | \$13,545,056 | \$13,743,137 | \$198,081 | 1% |
| | Average Charges | \$1,046 | \$1,169 | \$123 | 12% |
| 4. | Ratio of Cost to Charges (RCC) | 0.465561 | 0.440458 | (0.025103) | -5% |
| | Total Cost | \$6,306,050 | \$6,053,275 | (\$252,775) | -4% |
| | Average Cost | \$487 | \$515 | \$28 | 6% |
| 5. | Charity Care - Inpatient Charges | \$4,046,971 | \$3,567,152 | (\$479,819) | -12% |
| 6. | Charity Care - Outpatient Emergency Department Charges | 5,340,687 | 5,413,140 | 72,453 | 1% |
| 7. | Charity Care - Outpatient Charges (Excludes ED Charges) | 4,157,398 | 4,762,845 | 605,447 | 15% |
| | Total Charges (A) | \$13,545,056 | \$13,743,137 | \$198,081 | 1% |
| 8. | Charity Care - Number of Patient Days | 4,195 | 4,088 | (107) | -3% |
| 9. | Charity Care - Number of Discharges | 1,058 | 1,031 | (27) | -3% |
| 10. | Charity Care - Number of Outpatient ED Visits | 8,751 | 8,420 | (331) | -4% |
| 11. | Charity Care - Number of Outpatient Visits (Excludes ED Visits) | 16,057 | 16,327 | 270 | 2% |
| (A) The total amount must agree with the total amount listed in the Hospital Audited Financial Statement Notes. | | | | | |
| B. Hospital Bed Funds (see Hospital Reporting System - Report 17) | | | | | |
| 1. | Number of Applicants | 4 | 19 | 15 | 375% |
| 2. | Number of Approved Applicants | 4 | 19 | 15 | 375% |
| 3. | Total Charges (B) | \$2,318 | \$21,534 | \$19,216 | 829% |
| | Average Charges | \$580 | \$1,133 | \$554 | 96% |
| 4. | Ratio of Cost to Charges (RCC) | 0.4656 | 0.440458 | (0.025142) | -5% |
| | Total Cost | \$1,079 | \$9,485 | \$8,406 | 779% |
| | Average Cost | \$270 | \$499 | \$229 | 85% |
| 5. | Bed Funds - Inpatient Charges | \$75 | \$16,100 | \$16,025 | 21367% |
| 6. | Bed Funds - Outpatient Emergency Department Charges | 309 | 1,554 | 1,245 | 403% |
| 7. | Bed Funds - Outpatient Charges (Excludes ED Charges) | 1,934 | 3,880 | 1,946 | 101% |
| | Total Charges (B) | \$2,318 | \$21,534 | \$19,216 | 829% |
| 8. | Bed Funds - Number of Patient Days | 1 | 12 | 11 | 1100% |
| 9. | Bed Funds - Number of Discharges | 1 | 10 | 9 | 900% |
| 10. | Bed Funds - Number of Outpatient ED Visits | 1 | 4 | 3 | 300% |
| 11. | Bed Funds - Number of Outpatient Visits (Excludes ED Visits) | 15 | 19 | 4 | 27% |
| (B) The total amount must agree with the total amount listed on Hospital Reporting System - Report 17. | | | | | |